

Part I: Summary Statement

iolta@calbar.ca.gov; or

mail this statement (or similar detail statement) along with a check for Remitted Interest made payable to:

The State Bar of California

Legal Services Trust Fund Program

Department 05-590

San Francisco, CA 94139

Report Period: From: / /

Through: / / /

Reporting Financial Institution (ABA number)

Check/Wire#: _____ Date: ____/____/____

Summary: A) Number of L.S.T.F.P. accounts being summarized by this statement

B) Total of Average Available Daily Balance for all L.S.T.F.P. accounts

C) Total interest earned in the period for all L.S.T.F.P. accounts

D) Total service charges charged for all L.S.T.F.P. accounts during the period

E) Net Payment (Amount Due) C minus D for the period

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Applicable Interest or Dividend Rates

1. If same for all accounts:

Rate (APR): _____

2. If tiered rates apply, please complete the chart below, indicating the tier breaks (principal balances) and rate applied to each tier.

[illegible]

For information or assistance, call our compliance auditors at (415) 538-2046 or (415) 538-2227.

**Click on
Part II-Detail Statement
at bottom of screen to complete**

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State Bar of California IOLTA Remittance Report (Revised 09/2010)